

Abstract

Background: Mortality has been recognized to be an indicator reflecting the performance of healthcare systems and the experience of users of these systems. Mortality rates have been found to be elevated among patients with schizophrenia when compared to the general population. Factors associated with mortality and areas of service improvement have previously been investigated in researches around the world. Local data would be needed in order to improve service planning and provision for patients with schizophrenia in Hong Kong.

Objectives: To study the rates and causes of mortality among a cohort of patients with schizophrenia and compare these figures with those for the general population, and to explore possible factors associated with mortality in this cohort.

Method: A cohort of patients who were hospitalized in 2007 for schizophrenia in a psychiatric unit in a regional hospital in Hong Kong were identified. They were traced for occurrence of death till end of 2012. With information obtained from the Department of Health of Hong Kong, causes of death of these patients and standardised mortality ratios (SMRs) were determined. The sociodemographic data, clinical characteristics, physical comorbidities, medication prescription data, psychiatric and social services contact history of the cohort were investigated and analysed.

Results: The cohort consisted of 735 patients. 58 patients had died by the end of the observation period. An all-cause SMR of 3.49 (95% CI: 2.65-4.52) was found. SMRs specific for natural causes, unnatural causes and also avoidable causes were elevated as well. Cox proportional hazards regression found that factors associated with higher risk of mortality

included number of somatic medication prescribed, prescription of benzodiazepine, smoking, history of hypertension at baseline, history of liver disease at baseline, and history of suicide attempt or deliberate self-harm during observation period. Factors found to be associated with a reduced risk of mortality included prescription of second-generation antipsychotic and target or sub-target priority follow-up status at baseline.

Conclusion: There is excess mortality in patients with schizophrenia in Hong Kong. These patients may not be benefitting as much from the healthcare system as the general population. Areas for improvements in the psychiatric and general health services should be explored to address unmet needs in both mental and physical health of patients with schizophrenia.